

# MONTGOMERY COUNTY OFFICE OF HUMAN RIGHTS CAMP

## REGISTRATION FORM

### STUDENT INFORMATION:

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

### PARENT(S) OR LEGAL GUARDIAN INFORMATION

Mothers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACT

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**REGISTRATION DEADLINE IS - MONDAY, SEPTEMBER 22, 2014**

*The Office of Human Rights will notify the 40 students that are selected to participate in the camp by mail.*

## **STUDENT STATEMENT**

1. What would you do to show diversity, promote respect, or bridge differences in your school or community?

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2. Why would you like to attend the Human Rights Camp?

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**REGISTRATION DEADLINE IS - MONDAY, SEPTEMBER 22, 2014**

**Mail Application to:  
Office of Human Rights  
Attn: Beverly Marshall  
21 Maryland Avenue, Suite 330  
Rockville, Maryland 20850**

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## **STUDENT ACCEPTANCE**

*The Human Rights Camp is committed to having a safe and positive environment for all campers. To ensure this, we expect all campers to uphold our "GROUND RULES AND GUIDELINES."*

### **Ground Rules and Guidelines:**

1. Respect the different cultures and ethnic backgrounds
2. Cooperate with leaders
3. Proper behavior is expected; bad language and manners will not be permitted
4. Listen carefully and treat each other with respect
5. One person speaks at a time. Do not interrupt anyone when they are speaking
6. If you feel hurt by what someone says, speak up and say why
7. Good sportsmanship is expected and encouraged during all games and activities
8. It's OK to disagree
9. Some of the things we will talk about in this group will be personal. We will not talk about each others personal stories, outside of this group.

I, \_\_\_\_\_ accept this opportunity to attend the Montgomery County Office of Human Rights Camp. I will abide by the rules and guidelines set by the camp program.

Student Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENTAL/GUARDIAN CONSENT**

I hereby give permission and consent for \_\_\_\_\_ to attend the Montgomery County Office of Human Rights Camp. In case of an emergency, I authorize any necessary medical attention and care.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **MEDICAL INFORMATION**

Student Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Policy Holder: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Has student had any recent illness or operation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is the student under a physician or therapist care? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide name and phone number of physician in case of an emergency:

Physician  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the student require medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list and provide any special instructions for administering the medication(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary (Food) Restrictions: \_\_\_\_\_

Medical and/or Religious Restrictions: \_\_\_\_\_

Date of last Tetanus Shot (if known): \_\_\_\_\_

This information is helpful in the event the student requires emergency medical treatment. If medication is to be taken at camp, please be sure to have the student bring an adequate supply, with clear written instructions for administering.

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